IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

November 24, 2010

Ferren Weeks, Administrator
Yellowstone Group Home #2 Sunnybrook
560 West Sunnyside Lane
Idaho Falls, ID 83401

RE: Yellowstone Group Home #2 Sunnybrook, Provider #13G064

Dear Mr. Weeks:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Yellowstone Group Home #2 Sunnybrook, on November 18, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State Licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner**:

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **December 6, 2010,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by December 6, 2010. If a request for informal dispute resolution is received after December 6, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

BARBARA DERN
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

BD/srm
Enclosures

YELLOWSTONE
GROUP HOMES

December 3, 2010

Barbara Dern
Idaho Department of Health and Welfare
Bureau of Facility Standards
3232 Elder St.
Boise, ID 83720-0036

Dear Barbara:

This is the Plan of correction for the survey concluded at Yellowstone Group Home #2 Sunnybrook, on November 18, 2010. I would like to take the opportunity to thank you and Jim Troutfetter for the helpful information you always share. The survey process is always a learning experience, and you certainly made it helpful as well as pleasant.

Sincerely,

Becky Jernberg

Becky Jernberg
Administrator/AQMRP

560 W Sunnyside, Idaho Falls, Idaho 83402 208-523-9839 Fax 208-522-0224

MM696-Plan of Correction

Our previous temperature form did not provide information on it explaining to all staff especially the night shift when they need to contact the Administrator that the freezer is not working properly. When reported to the administrator, the administrator will inform the staff to move the food to the other freezer and will call the maintenance personal immediately so it can be repaired.

A memo was posted in the home stating that all staff need to be aware of the temperature the freezer should be working at and to report it immediately to the administrator if it is not properly working.

Correction Date: 11/19/2010
Responsible Party: Becky Jernberg, Sunnybrook Home Administrator

Becky Jernberg 12/3/2010

Administrator/AQMRP Date

Freezer Temperature

Must be 0 to -10 or below
If freezer is warmer than
0 to -10 or below contact
Becky immediately Per Ferren.

MONTH: YEAR:

Date	Freezer Temp	Staff Initials
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TO: All staff at Sunnybrook
FROM: Becky
DATE: November 18, 2010
RE: Freezer in the Kitchen

We found out today when the surveyors were doing their environmental check that the freezer in the kitchen was not working at the proper temperature. We have removed all the items and put them into the freezer in the freezer in the garage. The freezer is scheduled to be repaired by A-1 Appliance on Friday, November 19th.

Matt (Maintenance) will inform us when the freezer is fixed. Until that time please use the freezer in the garage.

If you have any questions please feel free to give me a call.

MM271-Plan of Correction

Supervisors and staff are aware that toxic chemicals need to be locked up at all times.

We have removed the paint and put it in the shop at the facility. The Power Strip floor stripper and the floor finish is now locked in the house cleaning supply closet in the utility room.

A memo was posted in the home stating that all staff need to be aware that toxic chemicals need locked up. The administrator will make sure that these items are stored in their correct places.

Correction Date: 11/19/2010
Responsible Party: Becky Jernberg, Sunnybrook Home Administrator

Becky Jernberg
Administrator/AQMRP

12/3/2010
Date

MEMORANDUM

TO: All Staff at Sunnybrook
FROM: Becky
DATE: November 19, 2010
RE: Chemicals need to be locked up.

As you know, yesterday when the surveyors were doing their environmental check the noted that the room in the garage was locked but the door was not shut.

First of all it is important that we make sure this door is always locked and closed because of the storage items in that room. We need to also remember that if we have any chemicals that they are stored either in the utility shed outside that is locked, the shop at the facility or in the housekeeping chemical closet in the utility room that is locked.

If you notice chemicals please put them away immediately and let me know so I can remind everyone at the group home meetings.

If you have any questions please feel free to give me a call.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G064	A. BUILDING _____ B. WING _____	11/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YELLOWSTONE GROUP HOME #2 SUNNYBROOK	3245 SUNNYBROOK LANE IDAHO FALLS, ID 83402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS Yellowstone Group Home #2 Sunnybrook, is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Mental Retardation. The survey was conducted by: Barbara Dern, QMRP, Team Leader Jim Troutfetter, QMRP	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G064	A. BUILDING _____ B. WING _____	11/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YELLOWSTONE GROUP HOME #2 SUNNYBRC	3245 SUNNYBROOK LANE IDAHO FALLS, ID 83402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	16.03.11 Initial Comments The following deficiencies were cited during the licensing survey. The survey was conducted by: Barbara Dern, QMRP, Team Leader Jim Troutfetter, QMRP	M 000		
MM271	16.03.11.100.04(b) Storage of Toxic Chemicals All toxic chemicals must be properly labeled and stored under lock and key. This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure all toxic chemicals were stored under lock and key for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the potential for individuals to have access to toxic chemicals. The findings include: 1. During an environmental review on 11/17/10 from 10:17 - 10:45 a.m., the following toxic chemicals were found to be unlocked in the garage: - Five 1 gallon containers of paint and 1 two gallon container of paint. - One 1 gallon container of Power Strip floor stripper. - Two 1 gallon containers of floor finish The maintenance supervisor, who was present, stated the chemicals should have been locked and the door was locked. The facility failed to ensure all hazardous chemicals were kept secured when not in use.	MM271	Please see attached Plan of correction	

Bureau of Facility Standards

Becky Fernberg — Admin/ADMRP — 12/3/2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G064	A. BUILDING _____ B. WING _____	11/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YELLOWSTONE GROUP HOME #2 SUNNYBRC	3245 SUNNYBROOK LANE IDAHO FALLS, ID 83402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM696	16.03.11.250.09(d)(i) Refrigerator and Freezer Each refrigerator and freezer must be equipped with a reliable, easily read thermometer. Refrigerators must be maintained at forty-five (45) degrees Fahrenheit or below. Freezers must be maintained at zero degrees - ten (0-10) degrees Fahrenheit or below. This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure each freezer was maintained at 0 to 10 degrees Fahrenheit for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in food being stored under unsafe conditions. The findings include: 1. An environmental review was conducted on 11/17/09 from 10:17 - 10:45 a.m. During that time the following concern was noted: a. The freezer of the refrigerator/freezer combination in the kitchen was noted to be 32 degrees Fahrenheit. The temperature was rechecked with another thermometer and found to be 35.7 degrees Fahrenheit. The contents of the freezer were noted to be frozen and included but were not limited to 2 containers of fruit juice concentrate, 2 one pound packages of hamburger meat, 1 package of hamburger buns, and 1 package of sliced ham. The maintenance supervisor, who was present during the review, was notified and stated the food would be moved to another freezer and the refrigerator/freezer repaired on 11/19/10. The facility failed to ensure freezers were maintained at 0 - 10 degrees Fahrenheit.	MM696	Please see attached Plan of correction	

Becky Jernberg Admin/AQMRP 12/3/2010